



WASHINGTON STATE GAMBLING COMMISSION
LOCATION: 4565 7th Avenue SE, Lacey WA 98503
MAILING ADDRESS: P.O. Box 42400, Olympia WA 98504-2400
TELEPHONE: 360-486-3440 / FAX NUMBER: 360-486-3631
TOLL-FREE: 1-800-345-2529 / TDD: 360-486-3637
WEB SITE: www.wsgc.wa.gov

ANNUAL RENEWAL APPLICATION – CHARITABLE / NONPROFIT GAMBLING MANAGER (61)

FEE: \$88.00

Use this form for renewals only. If changing organizations, you will need a new application. Call and request an application form for *Charitable / Nonprofit Gambling Manager* (GC4-117).

Renewal of a license: This completed application, with fees, must be received in the commission office **prior** to the expiration date of your current license. Failure to submit prior to the expiration date may require you to reapply and comply with all original license requirements. See WAC 230-04-190(3).

Make check payable to: Washington State Gambling Commission

Check category of manager: (One or more may be checked if you have any of the duties listed.)

- ☐ Class D or above Bingo Manager: ☐ Primary ☐ Assistant
☐ Class C or above Punch Board / Pull-Tab (primary manager only).
☐ Employee responsible for supervising gambling managers.
☐ Employee given / assigned the highest level of authority by the organization's governing body.

APPLICANT INFORMATION

(1) Full Name: _____
Last First Middle Initial

Social Security No: _____ Date of Birth: _____

Home Address: _____
Street / Box Number

City County State Zip

E-mail Address (if available): _____

(_____) - (_____) - (_____) - _____
Home Telephone Work Telephone Cell Phone

(2) During the past twelve (12) months have you: (Check as appropriate)

- | | | | |
|---------------------------------------|--|------------------------------------|--|
| (a) changed nonprofit employers? | <input type="checkbox"/> Yes <input type="checkbox"/> No | (e) been jailed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (b) been charged with a crime? | <input type="checkbox"/> Yes <input type="checkbox"/> No | (f) been convicted? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (c) been arrested? | <input type="checkbox"/> Yes <input type="checkbox"/> No | (g) been placed on probation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| (d) been through a diversion program? | <input type="checkbox"/> Yes <input type="checkbox"/> No | (h) forfeited bail or paid a fine? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

(If you answered YES to any of these questions, provide a statement of explanation and attach it to this application.)

EMPLOYMENT INFORMATION

(3) Licensed Organization: _____

Address: _____

City State Zip County

E-mail Address (if available): _____

Telephone Numbers: Work: (_____) - _____ Fax: (_____) - _____

City Limits: ☐ Inside ☐ Outside

Val#: _____
211- _____
Amount: \$ _____
Date: _____
AGENCY USE ONLY

EMPLOYMENT INFORMATION (Continued)

(4) List all details of basis for compensation of the applicant employee.

Salary _____ per hour **NOTE:** If salary exceeds \$15.00 per hour, attach a disclosure statement indicating number of staff supervised, and benefits received.

EMPLOYER AUTHORIZATION

I hereby authorize the applicant to submit this renewal application for a gambling manager.

Signature of Chief Executive Officer: _____

YOUR APPLICATION AND THE PUBLIC RECORDS ACT

From the moment we receive your application, it becomes a public document subject to the Public Records Act (RCW 42.56) and other Washington laws. The Commission may disclose to the public or discuss at a public meeting, all information set forth in this application and all supplemental information submitted. The Commission responds to public document requests through a Public Disclosure Request process. In the event that the Commission receives a public disclosure request regarding this application or the license file established, you may request in writing, that the Commission notify you of such request as provided in RCW 42.56.540.

OATH OF APPLICANT

I declare under penalty of perjury, under the laws of the state of Washington, that all information provided in this application is true and complete to the best of my knowledge. I understand that untruthful, misleading, or incomplete answers, whether through misrepresentation, concealment, inadvertence, or mistake, are cause for administrative closure or denial of an application or revocation of any gambling license(s) currently held and will be disclosed to the employer business. I further understand that WAC 230-04-220 prohibits the refunding of any license fees subsequent to issuance of my license. Also, I agree to notify the Washington State Gambling Commission should any information required on this application and / or on my Personal / Criminal History Statement change or become inaccurate in any way. I understand that if I fail to make such notification, it may constitute grounds for denial, suspension or revocation of my license. I further understand that if any criminal or civil actions are filed against me, I must inform the commission and my employer. See WACs 230-04-022, 230-12-305, and 230-12-310.

Signature _____ Date: _____

Place (City where signed): _____